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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

81950D-RE

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed

in patent number 6021770, granted 2/8/2000, and for which a
reissue patent is sought on the invention entitled BOW STABILIZER WITH
GAME FINDER

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims,
as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in
37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described
below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening
reissue, such must be stated with an explanation as to the nature of the broadening:

*new claims are attached in the
preliminary amendment that more
broadly cover the various aspects
of the invention.*

[Page 1 of 2]

FORM 81950D-RE

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

B1950D-RE

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

James M. Lees 34372

Correspondence Address: Direct all communications about the application to:

☒ Customer Number

26542

Type Customer Number here

Place Customer Number Bar
Code Label here☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

John C. Sodaro

Inventor's signature

Date

9/26/2001

Residence

MONKTON VT.

Citizenship

US

Mailing Address

P.O. BOX 71, MONKTON, VT 05469

Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.

092313-101101

Bow stabilizer

Please type a plus sign (+) inside this box ☒

PTO/SB/01 (11-98)

Approved for use through 6/30/99. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

SOPARQ

3712

J. Ricci

B19 SOP-RE

I hereby appoint:

☒ Practitioner at Customer Number

26542

OR

☐ Practitioner(s) named below:Place Customer
Number Bar Code
Label here

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Firm or
Individual Name

James Marc Leas

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State

VT

ZIP 05403

Country

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Telephone

802 864-1575

Fax

802 864-9319

I am the:

☐ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name

JOHN L SOPARQ

Signature

John Leas

Date

9/26/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20230. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20230.

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LAW OFFICE OF JAMES LEAS

864-9318

p.2

PTO/SB/03 (02-01)

Approved for use through 01/31/2004 OMB 0831-0030

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) B19 500-RE
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) John C. Sodaro		
Patent Number 6021770	Date Patent Issued 2/8/2000	
Title of Invention Bow Stabilizer with Game Finder		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p>The assignee(s) owning an undivided interest in said original patent is/are John C. Sodaro Arvid A. Ames and the assignee(s) consents to the accompanying application for reissue.</p>		
Name of assignee/inventor (if not assigned) John C. Sodaro & Arvid A. Ames		
Signature John C. Sodaro Arvid A. Ames	Date 9/26/2001 10-11-01	
Typed or printed name and title of person signing for assignee (if assigned) John C. Sodaro Arvid A. Ames		

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FOOTNOTES

PTO/BB/06 (08-00)

Approved for use through 10/31/2002. OMB 0501-0001
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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STATEMENT UNDER 37 CFR 2.73(h)

Applicant/Patent Owner: JOHN C. SODARO
 Application No./Patent No.: 6 021 770 Filed/Issue Date: 2/8/2000
 Entitled: Bow Stabilizer with Game Finder
JOHN C. SODARO a partnership
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
ARVIDA, AMES

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
 2. ☐ an assignee of less than the entire right, title and interest.
 The extent (by, percentage) of its ownership interest is ____ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____ or for which a copy thereof is attached. 010370 0258

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____ or for which a copy thereof is attached.
 2. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____ or for which a copy thereof is attached.
 3. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____ or for which a copy thereof is attached.

[] Additional documents in the chain of title are listed on a supplemental sheet.

- [] Copies of assignments or other documents in the chain of title are attached.

(NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08)

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

JOHN C. SODARO 9/26/2001 ARVIDA A. AMES
 (Typed or printed name) Signature
10-11-01

Title

Burden Hour Statement: This form is estimated to take 0.3 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FOT 5713-101101